



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

Fidelis SecureCare of Michigan Inc.

NAIC Group Code 3744 (Current Period), 3744 (Prior Period) NAIC Company Code 10769 Employer's ID Number 30-0312489

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ], Property/Casualty [ ], Dental Service Corporation [ ], Vision Service Corporation [ ], Other [ ], Health Maintenance Organization [ X ], Hospital, Medical & Dental Service or Indemnity [ ], Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 12/09/2004 Commenced Business 07/15/2005

Statutory Home Office 20 N. Martingale Road, Suite 180 (Street and Number), Schaumburg, IL, US 48152 (City or Town, State, Country and Zip Code)

Main Administrative Office 20 N. Martingale Road, Suite 180 (Street and Number), Schaumburg, IL, US 60173 (City or Town, State, Country and Zip Code), 847-605-0501 (Area Code) (Telephone Number)

Mail Address 20 N. Martingale Road, Suite 180 (Street and Number or P.O. Box), Schaumburg, IL, US 60173 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 20 N. Martingale Road, Suite 180 (Street and Number), Schaumburg, IL, US 60173 (City or Town, State, Country and Zip Code), 847-592-9161 (Area Code) (Telephone Number)

Internet Website Address www.fidelissc.com

Statutory Statement Contact Daniel Mark Erickson Mr. (Name), 847-592-9161 (Area Code) (Telephone Number) (Extension), dan.erickson@fidelissc.com (E-mail Address), 847-517-1085 (FAX Number)

OFFICERS

Name	Title	Name	Title
Samuel Randolph Willcoxon Mr.	President	Samuel Randolph Willcoxon Mr.	Secretary
Kim Rennard Tulsy Ms. #	Treasurer		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Gregory Dean Bellware Mr. #	Valerie Kim Bergeron Ms. #	David Bruce Bosma Mr.	
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State of .....

ss

County of .....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Samuel Randolph Willcoxon Mr. President & Treasurer	Kim Rennard Tulsy Ms. Secretary	Gregory Dean Bellware Mr. Director
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

- a. Is this an original filing? Yes [ X ] No [ ]
- b. If no,

1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.**

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	341,848	94,765		364,111	341,848	
2. Claim overpayment receivables.....					.0	
3. Loans and advances to providers.....					.0	
4. Capitation arrangement receivables.....					.0	
5. Risk sharing receivables.....					.0	
6. Other health care receivables.....	141,526			52,098	141,526	
7. Totals (Lines 1 through 6)	483,374	94,765	0	416,209	483,374	0

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion .

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.**

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

# NONE



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	636,619		176,356		460,263	
6. Total	636,619	0	176,356	0	460,263	0



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_ 2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	3744	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2013				NAIC Company Code		10769
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	737							737		
2. First Quarter .....	738							738		
3. Second Quarter .....	918							918		
4. Third Quarter .....	1,067							1,067		
5. Current Year .....	1,271							1,271		
6. Current Year Member Months .....	11,416							11,416		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total .....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....	1,976							1,976		
11. Number of Inpatient Admissions .....	454							454		
12. Health Premiums Written (b).....	20,505,213							20,505,213		
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	20,505,213							20,505,213		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	18,402,895							18,402,895		
18. Amount Incurred for Provision of Health Care Services .....	17,947,217							17,947,217		

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 20,505,213



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	3744	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2013					NAIC Company Code	10769
	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	737	0	0	0	0	0	0	737	0	0
2 First Quarter .....	738	0	0	0	0	0	0	738	0	0
3 Second Quarter .....	918	0	0	0	0	0	0	918	0	0
4. Third Quarter .....	1,067	0	0	0	0	0	0	1,067	0	0
5. Current Year	1,271	0	0	0	0	0	0	1,271	0	0
6 Current Year Member Months	11,416	0	0	0	0	0	0	11,416	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,976	0	0	0	0	0	0	1,976	0	0
11. Number of Inpatient Admissions	454	0	0	0	0	0	0	454	0	0
12. Health Premiums Written (b).....	20,505,213	0	0	0	0	0	0	20,505,213	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	20,505,213	0	0	0	0	0	0	20,505,213	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	18,402,895	0	0	0	0	0	0	18,402,895	0	0
18. Amount Incurred for Provision of Health Care Services	17,947,217	0	0	0	0	0	0	17,947,217	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 20,505,213

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

## SCHEDULE S - PART 3 - SECTION 2

[illegible]

## SCHEDULE S - PART 4

[illegible]

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

## SCHEDULE S - PART 5

[illegible]

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	42	150	129	128	132
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	0	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	0	XXX	XXX	XXX
19. Letters of credit (L).....	0	0	XXX	XXX	XXX
20. Trust agreements (T).....	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX



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SCHEDULE S-PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	5,535,867		5,535,867
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	xxx	0	0
5. All other admitted assets (Balance).....	1,299,747		1,299,747
6. Total assets (Line 28)	6,835,614	0	6,835,614
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,973,438	0	1,973,438
8. Accrued medical incentive pool and bonus payments (Line 2).....	51,088		51,088
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	318,421		318,421
15. Total liabilities (Line 24).....	2,342,947	0	2,342,947
16. Total capital and surplus (Line 33).....	4,492,667	xxx	4,492,667
17. Total liabilities, capital and surplus (Line 34)	6,835,614	0	6,835,614
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL						.0
2. Alaska .....	AK						.0
3. Arizona .....	AZ						.0
4. Arkansas .....	AR						.0
5. California .....	CA						.0
6. Colorado .....	CO						.0
7. Connecticut .....	CT						.0
8. Delaware .....	DE						.0
9. District of Columbia .....	DC						.0
10. Florida .....	FL						.0
11. Georgia .....	GA						.0
12. Hawaii .....	HI						.0
13. Idaho .....	ID						.0
14. Illinois .....	IL						.0
15. Indiana .....	IN						.0
16. Iowa .....	IA						.0
17. Kansas .....	KS						.0
18. Kentucky .....	KY						.0
19. Louisiana .....	LA						.0
20. Maine .....	ME						.0
21. Maryland .....	MD						.0
22. Massachusetts .....	MA						.0
23. Michigan .....	MI						.0
24. Minnesota .....	MN						.0
25. Mississippi .....	MS						.0
26. Missouri .....	MO						.0
27. Montana .....	MT						.0
28. Nebraska .....	NE						.0
29. Nevada .....	NV						.0
30. New Hampshire .....	NH						.0
31. New Jersey .....	NJ						.0
32. New Mexico .....	NM						.0
33. New York .....	NY						.0
34. North Carolina .....	NC						.0
35. North Dakota .....	ND						.0
36. Ohio .....	OH						.0
37. Oklahoma .....	OK						.0
38. Oregon .....	OR						.0
39. Pennsylvania .....	PA						.0
40. Rhode Island .....	RI						.0
41. South Carolina .....	SC						.0
42. South Dakota .....	SD						.0
43. Tennessee .....	TN						.0
44. Texas .....	TX						.0
45. Utah .....	UT						.0
46. Vermont .....	VT						.0
47. Virginia .....	VA						.0
48. Washington .....	WA						.0
49. West Virginia .....	WV						.0
50. Wisconsin .....	WI						.0
51. Wyoming .....	WY						.0
52. American Samoa .....	AS						.0
53. Guam .....	GU						.0
54. Puerto Rico .....	PR						.0
55. US Virgin Islands .....	VI						.0
56. Northern Mariana Islands .....	MP						.0
57. Canada .....	CAN						.0
58. Aggregate Other Alien .....	OT						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
3744.....	Fidelis SeniorCare Inc.....	12288.....	20-2214150.....				Fidelis SecureCare of North Carolina, Inc.....	..NC.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....	10769.....	30-0312489.....				Fidelis SecureCare of Michigan, Inc.....	..MI.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....	12597.....	84-1704073.....				Fidelis SecureCare of Texas, Inc.....	..TX.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....		26-1332704.....				Fidelis Healthcare Services, Inc.....	..MI.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....		45-2957814.....				FSC of Washington Health Services, Inc.....	..WA.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....		42-2613908.....				FSC of Washington, Inc.....	..WA.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....		27-2437372.....				FSC of Michigan Services, Inc.....	..MI.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....		45-3483489.....				FSC of Michigan Management Services, Inc.....	..MI.....	..UDP.....	Fidelis SeniorCare Inc.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....		46-1335634.....				FSC of Michigan, PC Group.....	..MI.....	..NIA.....	Physician Group.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	
3744.....	Fidelis SeniorCare Inc.....		45-3483650.....				FSC of Washington HealthCare Services, PC.....	..WA.....	..NIA.....	Physician Group.....	Ownership.....	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP.....	

**SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12288	20-2214150	Fidelis SecureCare of North Carolina Inc.	(1,200,000)				(565,775)				(1,765,775)	
12597	84-1704073	Fidelis SecureCare of Texas, Inc.		75,000			0				75,000	
10769	30-0312489	Fidelis SecureCare of Michigan Inc.					(2,672,885)			(5,664,586)	(8,337,471)	
3744	16-1719046	Fidelis SeniorCare Inc.	1,200,000	(75,000)			3,315,169				4,440,169	
		Fidelis Healthcare Services, Inc.					(76,509)				(76,509)	
	27-2437372	FSC of Michigan Services, Inc.								5,664,586	5,664,586	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE  
Fidelis SecureCare of Michigan Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

11.
12.
13.
14. Less than 100 shareholders
15.
16.
17. Medicare Advantage Plans are not required to file.
18. Relief is not needed.
19. Relief is not needed.
20. Relief is not needed.
21. Medicare Advantage Plans are not required to file.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES







22.

23.

24. Medicare Advantage Plans are not required to file.

25. Medicare Advantage Plans are not required to file.

Bar code:

12.	 1 0 7 6 9 2 0 1 3 2 0 5 0 0 0 0 0
13.	 1 0 7 6 9 2 0 1 3 2 0 7 0 0 0 0 0
15.	 1 0 7 6 9 2 0 1 3 3 7 1 0 0 0 0 0
16.	 1 0 7 6 9 2 0 1 3 3 7 0 0 0 0 0 0
22.	 1 0 7 6 9 2 0 1 3 2 1 1 5 9 0 0 0
23.	 1 0 7 6 9 2 0 1 3 2 1 3 0 0 0 0 0

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